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 FILE LAST UPDATED: 23 Aug 2006 (20060823/UP).  FILE COVERS 1950 TO DATE.

 On December 11, 2005, the 2006 MeSH terms were loaded.

 The MEDLINE reload for 2006 is now (26 Feb.) available.  For details
 on the 2006 reload, enter HELP RLOAD at an arrow prompt (=>).
 See also:

    http://www.nlm.nih.gov/mesh/
    http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html
    http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_med_data_changes.html
    http://www.nlm.nih.gov/pubs/techbull/nd05/nd05_2006_MeSH.html

 OLDMEDLINE is covered back to 1950.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2006 vocabulary.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> s tu (hmg or human(w)menopausal(w)gonadotropin)
MISSING OPERATOR 'TU (HMG'
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s tu hmg or human(w)menopausal(w)gonadotropin
       1239173 TU
           218 TUS
       1239349 TU
                 (TU OR TUS)
          9053 HMG
            83 HMGS
          9081 HMG
                 (HMG OR HMGS)
             0 TU HMG
                 (TU(W)HMG)
       1411724 HUMAN
       9342742 HUMANS
       9542983 HUMAN
                 (HUMAN OR HUMANS)
         12949 MENOPAUSAL
             2 MENOPAUSALS
         12950 MENOPAUSAL
                 (MENOPAUSAL OR MENOPAUSALS)
         43460 GONADOTROPIN
         23046 GONADOTROPINS
         56600 GONADOTROPIN
                 (GONADOTROPIN OR GONADOTROPINS)
          1240 HUMAN(W)MENOPAUSAL(W)GONADOTROPIN
L1        1240 TU HMG OR HUMAN(W)MENOPAUSAL(W)GONADOTROPIN

=> s l1 and tu cetrorelix
       1239173 TU
           218 TUS
       1239349 TU
                 (TU OR TUS)
           359 CETRORELIX
             0 TU CETRORELIX
                 (TU(W)CETRORELIX)
L2           0 L1 AND TU CETRORELIX

=> s l1 and cetrorelix
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           359 CETRORELIX
L3           7 L1 AND CETRORELIX

=> dis ibib abs l3 1-7

L3   ANSWER 1 OF 7     MEDLINE on STN
ACCESSION NUMBER:   2006370006     IN-PROCESS
DOCUMENT NUMBER:    PubMed ID: 16785154
TITLE:              Comparison of outcome of clomiphene citrate/human
                    menopausal gonadotropin/
                    cetrorelix protocol and buserelin long protocol--a
                    randomized study.
AUTHOR:             Lin Yu-Hung; Hwang Jiann-Loung; Seow Kok-Min; Huang
                    Lee-Wen; Hsieh Bih-Chwen; Tzeng Chi-Ruey
CORPORATE SOURCE:   Department of Obstetrics and Gynecology, Shin Kong Wu Ho-Su
                    Memorial Hospital, Taipei, Taiwan.
SOURCE:             Gynecological endocrinology : the official journal of the
                    International Society of Gynecological Endocrinology, (2006
                    Jun) Vol. 22, No. 6, pp. 297-302.
                    Journal code: 8807913. ISSN: 0951-3590.
PUB. COUNTRY:       England: United Kingdom
DOCUMENT TYPE:      Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:           English
FILE SEGMENT:       NONMEDLINE; IN-PROCESS; NONINDEXED; Priority Journals
ENTRY DATE:         Entered STN: 21 Jun 2006
                    Last Updated on STN: 26 Jul 2006
AB   This study evaluates the efficacy of a stimulation protocol with
     clomiphene citrate (CC)/human menopausal
     gonadotropin (hMG)/cetrorelix and its effects on oocyte
     quality and endometrium.  One hundred and twenty couples with male-factor
     infertility who were about to undergo their first intracytoplasmic sperm
     injection cycles were randomized into two groups.  Sixty women were
     stimulated with the CC/hMG/cetrorelix protocol (
     cetrorelix group) and 60 received the buserelin long protocol
     (buserelin group).  Fewer oocytes were recovered in the cetrorelix
     group than in the buserelin group (mean +/- standard deviation (SD): 11.1
     +/- 4.0 vs. 17.3 +/- 5.8, p < 0.001); however, the percentages of
     metaphase II, metaphase I and germinal vesicle oocytes were similar
     between the two groups.  Serum estradiol level was significantly lower in
     the cetrorelix than in the buserelin group (mean +/- SD: 2600.58
     +/- 1189.11 vs. 3293.46 +/- 1221.49 pg/ml, p = 0.006), but the endometrial
     thickness was similar.  The implantation rates (19.2% vs. 17.7%) and the
     pregnancy rates (41.7% vs. 40.0%) were similar between groups.  The
     ampoules (mean +/- SD: 18.9 +/- 3.0 vs. 38.9 +/- 12.2, p < 0.001) and
     injections (mean +/- SD: 6.8 +/- 1.1 vs. 15.7 +/- 3.1, p < 0.001) of
     gonadotropin used were significantly lower in the cetrorelix
     group than in the buserelin group.  No patients in either group developed
     a premature luteinizing hormone surge.  The present study found no
     statistically significant difference between the two treatment modalities
     with regard to pregnancy rates.

L3   ANSWER 2 OF 7     MEDLINE on STN
ACCESSION NUMBER:   2006197403     MEDLINE
DOCUMENT NUMBER:    PubMed ID: 16603428
TITLE:              Effect of gonadotropin-releasing hormone agonist and
                    antagonist on steroidogenesis of low responders undergoing
                    in vitro fertilization.
AUTHOR:             Mohamed Kamel Abdelhakim; Davies William A R; Lashen Hany
CORPORATE SOURCE:   Centres for Assisted Reproduction (CARE at Northampton),
                    Cliftonville, Northampton, UK.. kamel.mohamed@ntlworld.com
SOURCE:             Gynecological endocrinology : the official journal of the
                    International Society of Gynecological Endocrinology, (2006
                    Feb) Vol. 22, No. 2, pp. 57-62.
                    Journal code: 8807913. ISSN: 0951-3590.
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PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
(CLINICAL TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200607
ENTRY DATE: Entered STN: 11 Apr 2006
Last Updated on STN: 28 Jul 2006
Entered Medline: 27 Jul 2006

AB The aim of the study was to investigate the cause of the lower estradiol (E(2)) concentration in women treated with gonadotropin-releasing hormone (GnRH) antagonist compared with those treated with agonist protocol in in vitro fertilization (IVF). Thirty patients who were known low responders were prospectively randomized into two equal groups for IVF treatment. Group 1 used GnRH agonist (flare-up) protocol and group 2 used antagonist protocol. The results showed that serum luteinizing hormone (LH) levels were significantly higher in the agonist group during the folliculogenesis stage. Despite this higher LH, serum E(2) levels were significantly higher in the agonist group on cycle day 2 only, not on day 5 or day 9. The significantly higher E(2) level in the agonist group reappeared on the day of administration of human chorionic gonadotropin (hCG). The rate of folliculogenesis in the antagonist group was faster than in the agonist group; therefore their E(2) production should have been higher on hCG day. Furthermore, the rate of decline in E(2) after hCG administration was significantly higher in the antagonist group. These findings, along with the fact that both groups received exogenous LH (human menopausal gonadotropin) that should optimize steroidogenesis and make the difference in E(2) insignificant, enable us to conclude that GnRH antagonists have a suppressive effect on the production of E(2).

L3 ANSWER 3 OF 7 MEDLINE on STN
ACCESSION NUMBER: 2003103859 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12580839
TITLE: The use of clomiphene citrate/human menopausal gonadotrophins in conjunction with GnRH antagonist in an IVF/ICSI program is not a cost effective protocol.
AUTHOR: Mansour Ragga; Aboulghar Mohammed; Serour Gamal I; Al-Inany Hesham G; Fahmy Ibrahim; Amin Yehia
CORPORATE SOURCE: The Egyptian IVF-ET Center, Maadi, Egypt.. ivf@link.net
SOURCE: Acta obstetricia et gynecologica Scandinavica, (2003 Jan) Vol. 82, No. 1, pp. 48-52.
Journal code: 0370343. ISSN: 0001-6349.
PUB. COUNTRY: Denmark
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200303
ENTRY DATE: Entered STN: 6 Mar 2003
Last Updated on STN: 22 Mar 2003
Entered Medline: 21 Mar 2003

AB OBJECTIVE: To evaluate the cost effectiveness of a clomiphene citrate (CC)/human menopausal gonadotropin (hMG)/GnRH antagonist protocol versus a long-acting GnRH agonist/hMG protocol. PARTICIPANTS AND METHODS: One hundred eighty nine couples having their first trial of ICSI for male factor infertility were divided into two groups. Group I (no = 33) received CC 100-150 mg/day for five days starting from day 2 of the cycle and 150 IU of hMG/day on days 6-10. GnRH antagonist (Centrorelix) 0.25 mg/day was started when the leading follicle reached 16 mm in the absence of an LH surge. Group II (no = 156) received 0.1 mg Deacapeptyl/day as our standard long protocol. RESULTS: Clinical pregnancy was observed in 8 out of the 33 cases in group I (24%)

while in group II, 92 out of 156 achieved clinical pregnancy (59%), the difference was statistically significant (P = 0.019). The cost of medications/cycle was estimated to be 1110+/-492 E.P in group I, while it was 1928+/-456 E.P. in group II. However, the total cost per pregnancy was 19653 EP in group I and 10047 EP in group II. CONCLUSION: The use of the clomid/hMG/antagonist protocol is not a cost effective strategy and should not be recommended in IVF-ICSI cycles.

L3 ANSWER 4 OF 7 MEDLINE on STN
ACCESSION NUMBER: 2002214295 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11950487
TITLE: Comparison of GnRH agonists and antagonists in unselected IVF/ICSI patients treated with different controlled ovarian hyperstimulation protocols: a matched study.
AUTHOR: Del Gadillo Juan C Barros; Siebzehnrubl Ernst; Dittrich Ralf; Wildt Ludwig; Lang Norbert
CORPORATE SOURCE: Universitats Frauenklinik Erlangen, Universitats str. 21-23, D-91054 Erlangen, Germany.
SOURCE: European journal of obstetrics, gynecology, and reproductive biology, (2002 May 10) Vol. 102, No. 2, pp. 179-83.
Journal code: 0375672. ISSN: 0301-2115.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200211
ENTRY DATE: Entered STN: 13 Apr 2002
Last Updated on STN: 11 Dec 2002
Entered Medline: 4 Nov 2002
AB OBJECTIVES: To evaluate the results of the use of GnRH antagonist (GnRHant) and GnRH analog (GnRHa) in two matched groups of unselected IVF/ICSI patients in a retrospective matched pair analysis. STUDY DESIGN: Patients (n=52) were stimulated with human menopausal gonadotropin (hMG) and/or recombinant FSH (rFSH). In Group I (n=26) a daily dose of 0.25mg of Cetrorelix (GnRHant) was administered when follicles reached a diameter of > or = 14 mm. Patients in Group II (n=26) were first desensitized with GnRHa triptorelin long protocol, which was continued during the gonadotropins treatment until the induction of ovulation. RESULTS: In both groups, serum LH levels remained low during the stimulation. The mean length of stimulation, and the dose of FSH required per patient were similar in both groups. The mean E2 level on day of hCG administration was significantly higher in the patients of Group II (2076+/-1430 versus 1145+/-605 pg/ml), however, a progressive increase in serum E2 concentration during the cycle was noted in both groups. A median of 5.38 and 6.34 mature oocytes per patient was obtained, and the fertilization rate was 59.3% in Group I and 63.6% in Group II. Pregnancy rate (PR) were better in Group II (15 versus 5%), and no severe or moderate ovarian hyperstimulation syndrome (OHSS) occurred. CONCLUSIONS: GnRHant and GnRHa provide comparable results in unselected patients, while GnRHant allows a higher flexibility in the treatment.

L3 ANSWER 5 OF 7 MEDLINE on STN
ACCESSION NUMBER: 2002137545 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11872197
TITLE: Comparison of cryopreservation outcome with gonadotropin-releasing hormone agonists or antagonists in the collecting cycle.
AUTHOR: Seelig Anna Sophie; Al-Hasani Safa; Katalinic Alexander; Schopper Beate; Sturm Rita; Diedrich Klaus; Ludwig Michael
CORPORATE SOURCE: Department of Gynecology and Obstetrics, University Clinic Hospital, Lubeck, Germany.. aseeling@hotmail.com
SOURCE: Fertility and sterility, (2002 Mar) Vol. 77, No. 3, pp. 472-5.

Journal code: 0372772. ISSN: 0015-0282.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200204
ENTRY DATE: Entered STN: 2 Mar 2002
Last Updated on STN: 12 Apr 2002
Entered Medline: 11 Apr 2002

AB OBJECTIVE: To compare the pregnancy rates of frozen-thawed 2-pronucleate (2PN) oocytes obtained either in a long protocol or in an antagonist protocol and ovarian stimulation with either human menopausal gonadotropin (hMG) or recombinant follicular stimulating hormone (recFSH). DESIGN: Retrospective data analysis. SETTING: Academic infertility center. PATIENT(S): Three hundred forty-two infertile couples who underwent a transfer of cryopreserved 2PN oocytes. INTERVENTION(S): hMG (n = 194) or recFSH (n = 92) in a long protocol or hMG (n = 16) or recFSH (n = 40) stimulation under pituitary suppression with the GnRH antagonist Cetrotide was used. The 2PN oocytes were transferred after endometrial preparation using E(2) valerate and vaginal progesterone (Crinone 8% vaginal gel). MAIN OUTCOME MEASURE(S): Implantation, pregnancy, and abortion rates. RESULT(S): Implantation rates in the freeze-thaw cycles were 5.6% (hMG) and 3.8% (recFSH) with 2PN oocytes from the long protocol and 7% from the antagonist cycles, irrespective of whether hMG or recFSH was used. Pregnancy rates were similar independent of whether they resulted from the long-protocol cycles with hMG (15.4%) and recFSH (13.1%) or from the antagonist protocol cycles with hMG (25.0%) and recFSH (17.5%). CONCLUSION(S): The potential to implant is independent of the gonadotropin-releasing hormone analogue and gonadotropin chosen for the collection cycle when previously cryopreserved 2PN oocytes were replaced after thawing in the cleavage stage.

L3 ANSWER 6 OF 7 MEDLINE on STN
ACCESSION NUMBER: 1998359424 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9696235
TITLE: The luteal phase of nonsupplemented cycles after ovarian superovulation with human menopausal gonadotropin and the gonadotropin-releasing hormone antagonist Cetrorelix.
AUTHOR: Albano C; Grimbizis G; Smitz J; Riethmuller-Winzen H; Reissmann T; Van Steirteghem A; Devroey P
CORPORATE SOURCE: Centre for Reproductive Medicine, Dutch-speaking Brussels Free University, Belgium.. LRIAAOC@AZ.VUB.AC.BE
SOURCE: Fertility and sterility, (1998 Aug) Vol. 70, No. 2, pp. 357-9.
Journal code: 0372772. ISSN: 0015-0282.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199808
ENTRY DATE: Entered STN: 3 Sep 1998
Last Updated on STN: 3 Sep 1998
Entered Medline: 27 Aug 1998

AB OBJECTIVE: To analyze the luteal phase of six patients undergoing controlled ovarian hyperstimulation (COH) with hMG and a new GnRH antagonist, Cetrorelix, without receiving luteal phase supplementation. DESIGN: Phase II study involving the first six patients who did not receive luteal phase support. SETTING: Tertiary referral center. PATIENT(S): Six healthy women undergoing COH for assisted reproductive techniques. INTERVENTION(S): Oocyte retrieval was performed 36 hours after hCG administration, followed by embryo transfer 2 days later. No luteal phase supplementation was given. MAIN OUTCOME

MEASURE(S): Serum E2, progesterone, LH, and FSH concentrations were measured. RESULT(S): The length of the luteal phase was < or =12 days in three of the six patients. One of the patients in whom the luteal phase was >12 days had a low serum progesterone concentration (2.9 ng/mL) on day 10. Serum LH concentrations decreased after the preovulatory hCG injection in all patients. However, a progressive increase in LH was observed after day 7, reaching normal values. CONCLUSION(S): Corpus luteum function seems to be impaired in cycles that are stimulated with hMG and the GnRH antagonist Cetrorelix.

L3 ANSWER 7 OF 7 MEDLINE on STN
ACCESSION NUMBER: 97005583 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8852882
TITLE: Hormone profiles under ovarian stimulation with human menopausal gonadotropin (hMG) and concomitant administration of the gonadotropin releasing hormone (GnRH)-antagonist Cetrorelix at different dosages.
AUTHOR: Felberbaum R; Reissmann T; Kupker W; Al-Hasani S; Bauer O; Schill T; Zoll C; Diedrich C; Diedrich K
CORPORATE SOURCE: Department of Obstetrics and Gynecology, University of Lubeck, Germany.
SOURCE: Journal of assisted reproduction and genetics, (1996 Mar) Vol. 13, No. 3, pp. 216-22.
Journal code: 9206495. ISSN: 1058-0468.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 28 Jan 1997
Last Updated on STN: 28 Jan 1997
Entered Medline: 6 Dec 1996
AB PURPOSE: The premature LH surge in ART programs seems to be avoided by daily administration of the GnRH-antagonist Cetrorelix during the midcycle phase in controlled ovarian hyperstimulation with hMG. The dosage necessary for sufficient suppression of the pituitary gland is not yet defined. METHODS: To elucidate this question three daily dosages (3, 1, 0.5 mg) were administered and the hormone profiles obtained as well as the number of oocytes retrieved, the fertilization rate, and the consumption of HMG were compared. RESULTS: No premature LH surge could be observed at any of the three dosages administered. Both gonadotropins were deeply suppressed. The fertilization rates of the oocytes obtained were 45.3% in the 3-mg group, 53.1% in the 1-mg group, and 67.7% in the 0.5-mg group. The average uses of hMG ampoules were 30 in the 3-mg group, 27 in the 1-mg group, and 26 in the 0.5-mg group. CONCLUSIONS: Cetrolix, 0.5 mg/day, administered during the midcycle phase of controlled ovarian hyperstimulation with hMG is enough to prevent completely the premature LH surge. Perhaps even lower dosages would be sufficient. Regarding fertilization rates and use of hMG, the lower dosage seems to be the most favorable.

=> FIL STNGUIDE

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	4.27	4.48

FILE 'STNGUIDE' ENTERED AT 15:32:00 ON 24 AUG 2006

FILE CONTAINS CURRENT INFORMATION.

LAST RELOADED: Aug 18, 2006 (20060818/UP).